

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
OCT 05 2017
BAYFIELD CO. ZONING DEPT.

Permit #:	17-0438
Date:	10-03-17
Amount Paid:	\$75 10-6-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:	Rodney Meyers			Mailing Address:	11050 Norel Av N.		City/State/Zip:	Stillwater, MN 55082	Telephone:	651-439-0095
Address of Property:	24550 ST HWY 13			City/State/Zip:	TOWN OF BELL, WI		54822	Cell Phone:	-	
Contractor:	RANDY HEDY			Contractor Phone:	715-742-3986		Plumber:	-		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	RANDY HEDY			Agent Phone:	715-742-3986		Agent Mailing Address (include City/State/Zip):	87455 STAGE RD, CORNWALL, WI 54827		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	7703		Lot(s) No.	Block(s) No.	Subdivision:	Recorded Document: (i.e. Property Ownership) 2014 K 557260		
SE 1/4, NW 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Lot Size	Acreage 37.195	
was parcel for Highway		Section 25, Township 51 N, Range 06 W		Town of: BELL						

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 15,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 4' around	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	<input type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Year Round	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	_____

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 16'	Height: 12'
Proposed Construction:	Length: 16'	Width: 16'	Height: 12'

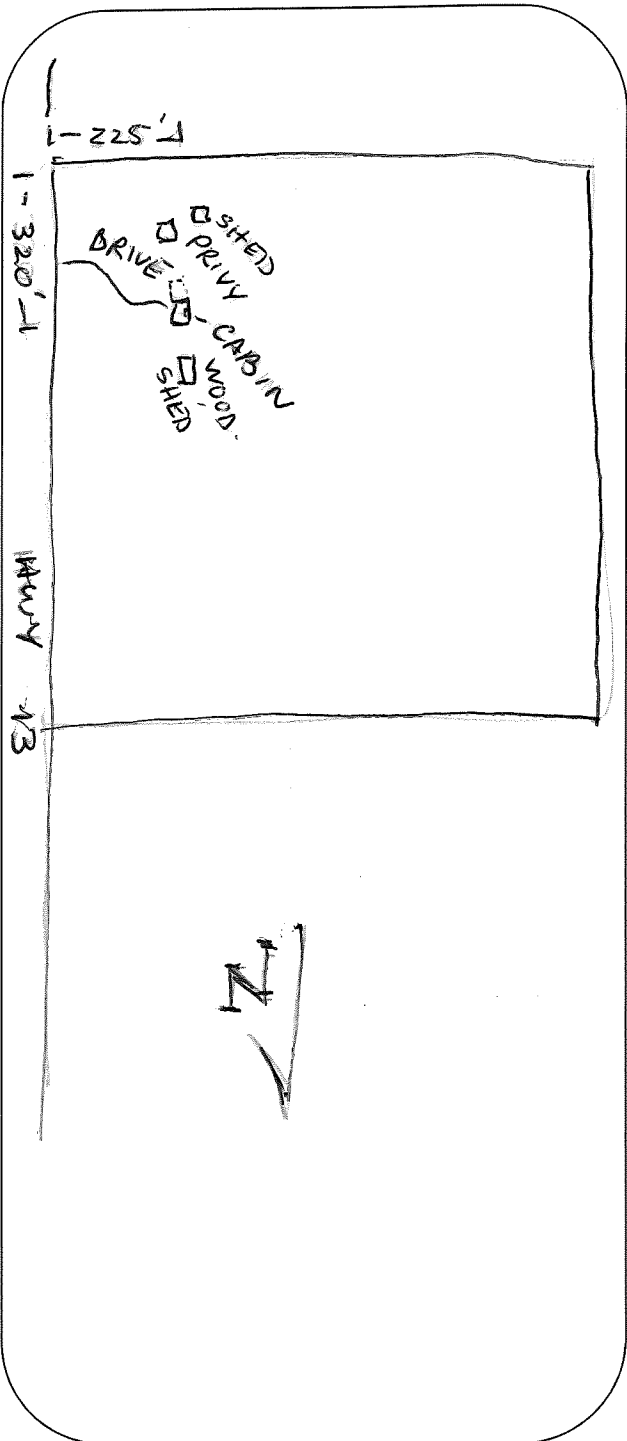
Proposed Use	Proposed Structure	Dimensions	Square Footage
OCT 23 2017	Principal Structure (first structure on property)	() X ()	
<input checked="" type="checkbox"/> Residential Use Secretarial Staff	Residence (i.e. Cabin/hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
<input type="checkbox"/> Commercial Use	with (2nd) Deck	() X ()	
	with Attached Garage	() X ()	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify) 3-season porch	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date 10/4/2017
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 87455 Stage Rd Cornwallia WI 54827
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- | | | |
|-----|-----------------------|--|
| (1) | Show Location of: | Proposed Construction |
| (2) | Show / Indicate: | North (N) on Plot Plan |
| (3) | Show Location of (*): | All Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) | Show: | All Existing Structures on your Property |
| (5) | Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) | Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) | Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	225	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line		Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	320'	Feet	Setback from Wetland	Feet
Setback from the West Lot Line		Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	225'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	N/A
Setback to Drain Field	N/A	Feet		Feet
Setback to Privy (Portable, Composting)	50'	Feet		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0438		Permit Date: 10-23-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Inspected by:		Zoning District	Lakes Classification
Date of Inspection:		Inspected by: J. Murphy		Date of Re-Inspection:
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)				
Non-compliant "Nature's Hand" composting toilet shall be removed.				
Total of all addition in the lifetime of the structure shall not exceed 250' in verification of existing sanitary is required.				
Signature of Inspector:				Date of Approval:
[Signature]				10-23-17
Hold For Sanitary: <input type="checkbox"/>	Hold For B.A.: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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Assuming cost is negligible. Are too busy to provide determination

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Pit Privy
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0432** Issued To: **Roeland & Elizabeth Reyers**

Location: **SE** ¼ of **NW** ¼ Section **25** Township **51** N. Range **6** W. Town of **Bell**
Less Hwy

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Addition / Alteration: [1- Story; 3 Season Porch (16' x 15.5') = 248 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Noncompliant "natures head" composting toilets shall be removed. Total of all addition in the lifetime of the structure shall not exceed 250 sq. ft. of verification of existing sanitary is required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 13 2017

Permit #: 17-0436
Date: 10-30-17
Amount Paid: 185 10-26-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER						
Owner's Name: <u>USI RSA #2 PACIFIC (BCCM) Mailing Address:</u>	City/State/Zip: <u>Wixom, MI 48393</u>	Telephone: <u>586-258-4639</u>				
Address of Property: <u>22865 Kaseno Rd + 22895</u>	City/State/Zip: <u>Corunna, MI 48827</u>	Cell Phone: <u></u>				
Contractor: <u></u>	Contractor Phone: <u></u>	Plumber: <u></u>				
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>586-258-4639</u>	Agent Mailing Address (include City/State/Zip): <u>149030 Ponchar Trl Wixom MI 48393</u>				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) <u>7383</u>				
<u>1/4, 1/4</u>	Gov't Lot <u>1</u> Lot(s) <u>846</u> CSM <u></u> Vol & Page <u></u> Lot(s) No. <u></u> Block(s) No. <u></u>	Subdivision: <u></u>				
Section <u>15</u> , Township <u>SC</u> N, Range <u>06</u> W	Town of: <u>Bell</u>	Lot Size <u></u> Acreage <u>5.97</u>				
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If Yes---continue <u>→</u>	Distance Structure is from Shoreline: <u></u> feet				
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u> If Yes---continue <u>→</u>	Distance Structure is from Shoreline: <u></u> feet				
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$45,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u></u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: <u></u>	<input type="checkbox"/> <u>none</u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> <u></u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Cell tower collection	<input type="checkbox"/> Foundation		<u>N/A</u>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

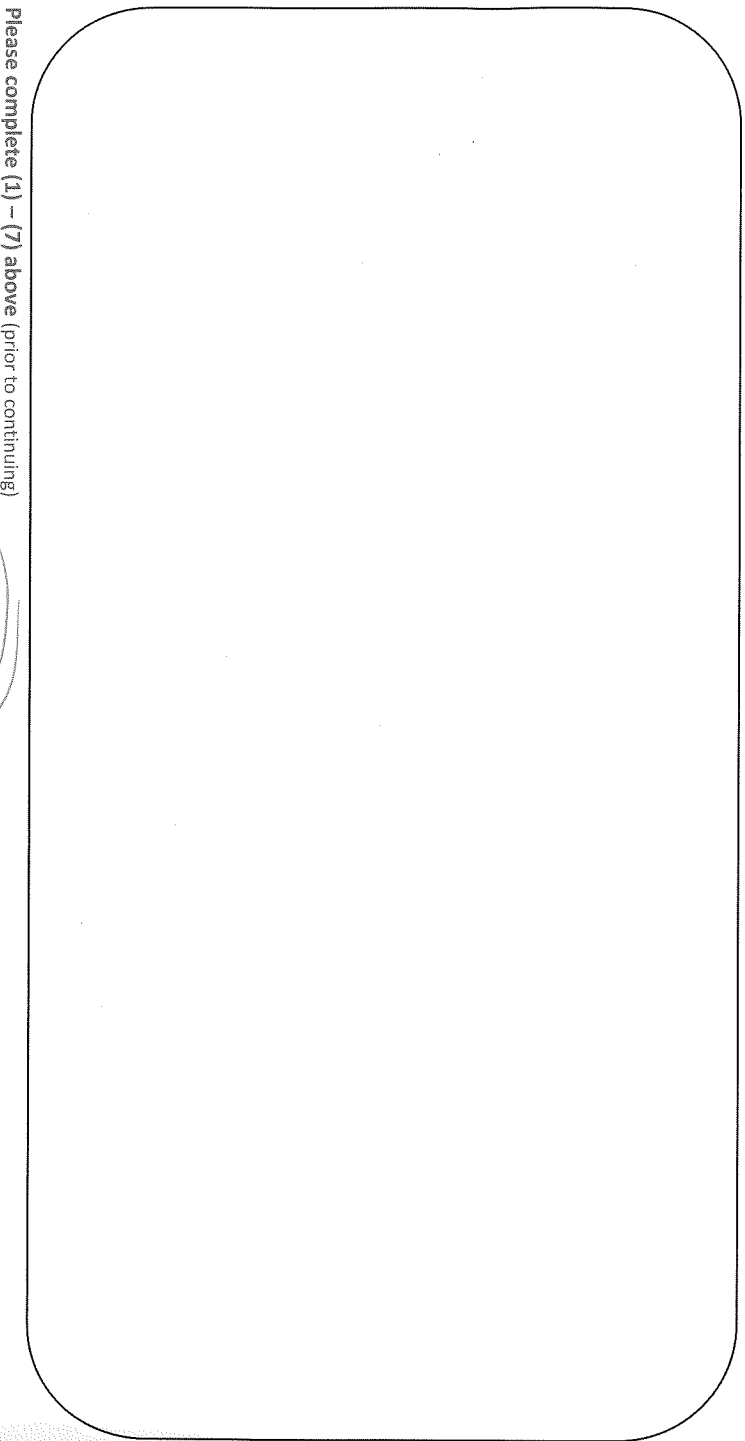
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u></u> X <u></u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u></u> X <u></u>)	
	<input type="checkbox"/> with Loft	(<u></u> X <u></u>)	
	<input type="checkbox"/> with a Porch	(<u></u> X <u></u>)	
	<input type="checkbox"/> with (2 nd) Porch	(<u></u> X <u></u>)	
	<input type="checkbox"/> with a Deck	(<u></u> X <u></u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u></u> X <u></u>)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<u></u> X <u></u>)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(<u></u> X <u></u>)	
	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	(<u></u> X <u></u>)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>collocation</u>	(<u></u> X <u></u>)	<u>25</u>
	<input type="checkbox"/> Accessory Building (specify) <u></u>	(<u></u> X <u></u>)	<u>25</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>original</u>	(<u></u> X <u></u>)	<u>25</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <u></u>	(<u></u> X <u></u>)	
	<input type="checkbox"/> Conditional Use: (explain) <u></u>	(<u></u> X <u></u>)	
	<input type="checkbox"/> Other: (explain) <u></u>	(<u></u> X <u></u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Date 10/9/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Cell / SMS Instructional
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 149030 Ponchar Trl, Suite 100, Wixom, MI 48393 Date 10/9/17
Attach Copy of Tax Statement

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point) 168 ft 8 ft

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>NA</u>		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>170430</u>		Permit Date: <u>10-30-17</u>					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input type="checkbox"/> No			
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input type="checkbox"/> No			
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:							
Date of Inspection:		Inspected by: <u>J. Camarero</u>		Zoning District		(A-1)	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached)				Lakes Classification		(NA)	
Signature of Inspector:				Date of Re-Inspection:			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Date of Approval: <u>10/30/17</u>							

existing cell tower - collocation.

any necessary commercial permit for inspection shall be obtained & complied with.

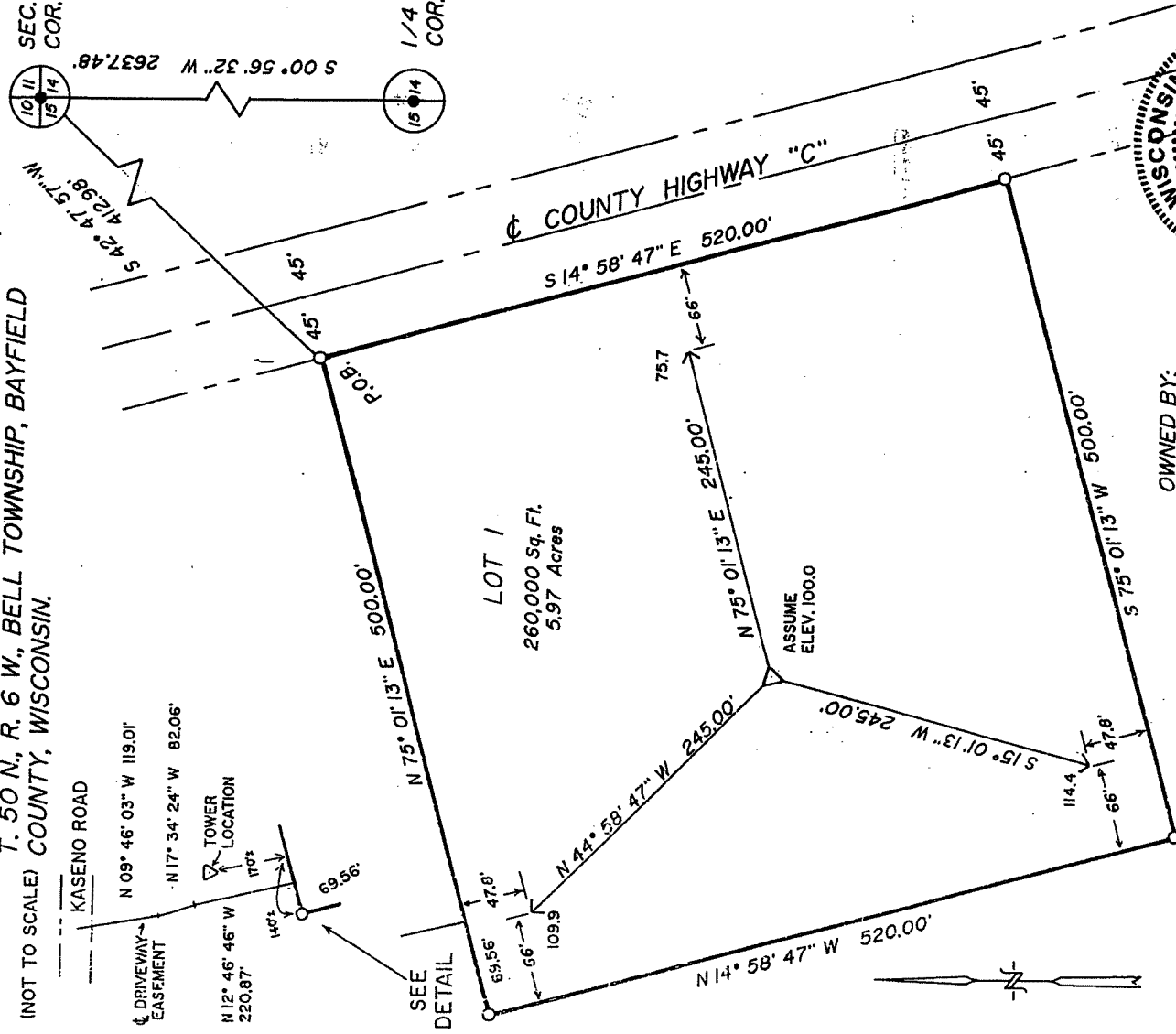
Stock No. 26273

#2339

SHEET 1 OF 2

BAYFIELD COUNTY CERTIFIED SURVEY MAP # 000846

LOCATED IN THE NE 1/4 OF THE NE 1/4, SEC. 15,
T. 50 N., R. 6 W., BELL TOWNSHIP, BAYFIELD
(NOT TO SCALE) COUNTY, WISCONSIN.



OWNED BY:
JOHN KASENO

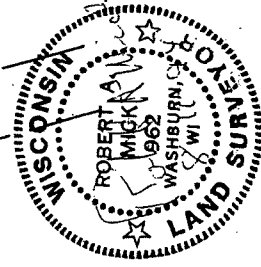
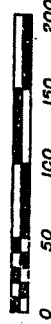
LEGEND

- = IRON PIPE OR ROD FOUND
- = 3/4" x 24" IRON RE-BAR WEIGHING 1.63 LBS./LIN. FOOT SET
- < = TOWER ANCHOR
- △ = TOWER LOCATION

AUGUST 5, 1994

BEARINGS BASED ON SOLAR OBSERVATION

SCALE



NE-NE

15-50-6

341

City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - None
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0436** Issued To: **Wisconsin RSA #2 Pacific Telcom Cellular / Ron Krakowski, Agent**

Location: - 1/4 of - 1/4 Section **15** Township **50** N. Range **6** W. Town of **Bell**
CSM# **846**

Gov't Lot Subdivision
Lot **1** Block

For: **Commercial Principal Structure Addition: [Antenna (5' x 5') (5' x 5') (5' x 5') = 75 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Any necessary commercial permit and/or inspections shall be obtained and complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 30, 2017

Date